

Please type a plus sign (+) inside this box → EW  
09/830279as per conversation with  
Mr. McCabe on 1/28/03 PTO/SB/02 (10-00)

Approved for use through 10/31/2002. GMB 0451-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

9/16/02  
Geoffrey McCabe  
11/7/02REVOCATION OF POWER OF  
ATTORNEY OR  
AUTHORIZATION OF AGENT

|                        |                  |
|------------------------|------------------|
| Application Number     | 07/607,458       |
| Filing Date            | 10/21/90         |
| First Named Inventor   | Geoffrey McCabe  |
| Group Art Unit         |                  |
| Examiner Name          | Examiner Lockett |
| Attorney Docket Number |                  |

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

FAX RECEIVED

 A Power of Attorney or Authorization of Agent is submitted herewith.

NOV 05 2002

OR

 Please change the correspondence address for the above-identified application to:

TECHNOLOGY CENTER 2800

 Customer Number Place Customer  
Number Bar Code  
Label here

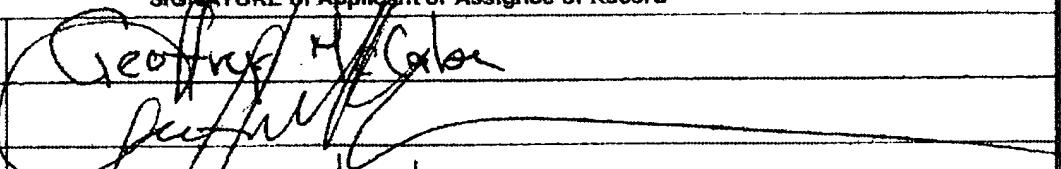
OR

|  |                      |       |              |     |
|--|----------------------|-------|--------------|-----|
| <input checked="" type="checkbox"/> Firm or<br>Individual Name | Geoffrey Lee McCabe  |       |              |     |
| Address  | 6124 Glen Tower Walk |       |              |     |
| Address  |                      |       |              |     |
| City   | Hollywood            |       |              |     |
| Country  | USA                  | State | CA           | ZIP |
| Telephone  | 323 464-3027         | Cell  | 323 819-0100 |     |

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

|           |  |
|-----------|--|
| Name      | Geoffrey H. McCabe   |
| Signature |  |
| Date      | 02/26/02   |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of  forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.